

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

84 2003

CITY CLERK DEPARTMENT

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE Mr FIRST Matthew MI H  
NICKNAME LAST SUFFIX

Bolyard

OFFICE USE ONLY

Date Received

4 PM 4 02

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

0

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX: 7384 Apt / Suite #: Luz de Lumbre  
City: El Paso State: TX Zip Code: 79912

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE Mr FIRST Michael MI  
NICKNAME LAST SUFFIX

Gerwig

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): Apt / Suite #: City: State: Zip Code:  
439 West Redd Road El Paso TX 79932

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 373 4140

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
2 / 19 / 2003 THROUGH 3 / 24 / 2003

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
5 / 10 / 2003 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District L Rep.

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 200

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -

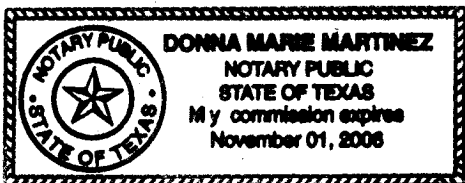
4. TOTAL POLITICAL EXPENDITURES

\$ 625

OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Matthew Belmont*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Belmont this the 14th day of April, 2006 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Matthew H Bolyard

3 ACCOUNT # (Ethics Commission filers)

4 Date

24Feb03

5 Full name of contributor

☐ out-of-state PAC (ID#:

Theresa Caballero

6 Contributor address; City; State; Zip Code

3015 Wheeling Ave. El Paso TX 79930

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

24Feb03

Full name of contributor

☐ out-of-state PAC (ID#:

Penny Anderson

Contributor address; City; State; Zip Code

7141 Imperial Ridge El Paso TX 79912

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address;                      City;    State;    Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;                      City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;                      City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;                      City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;                      City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

Matthew Bolyard

**3** ACCOUNT # (Ethics Commission filers)**4** Date

3/3/03

**5** Payee name

Crossroads Printing

**6** Payee address; City; State; Zip Code

8022 N. Mesa El Paso TX 79902

**7** Amount (\$)

160

**8** Purpose of payment (See instructions regarding type of information required.)

Campaign Cards

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3/11/03

Payee name

Sergio Chavez Signs

Payee address; City; State; Zip Code

404 E. Schuster Ave El Paso TX 79902

Amount (\$)

225

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3/24/03

Payee name

El Paso Times

Payee address; City; State; Zip Code

300 N. Campbell El Paso TX 79901

Amount (\$)

240

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**8** Amount  
(\$)**6** Payee address; City; State; Zip Code**7** Purpose of expenditure (See instructions regarding type of information required.)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED